

## **MARYLAND HEALTH CARE COMMISSION**

**Wednesday, April 20, 2006**

### **Minutes**

Chairman Salamon called the meeting to order at 1:17 p.m.

Commissioners present: Conway, Falcone, Krumm, Lucht, Moffit, Moore, Nicolay, Risher, Row, Sensabaugh, Todd, Toulson, and Wilensky

### **ITEM 1.**

#### **Approval of the Minutes**

Commissioner Sharon Krumm made a motion to approve the Minutes of the March 15, 2006 meeting, which was seconded by Commissioner Constance Row, and unanimously approved.

### **ITEM 2.**

#### **Update on Commission Activities**

- Data Systems and Analysis
- Health Resources
- Performance and Benefits
- Health Information Technology

Dr. Rex Cowdry, Executive Director, announced that the Commission had received a revised Non-Primary Angioplasty Study from Dr. Thomas Aversano for consideration.

Pamela Barclay, Deputy Director of Health Resources, announced that the Commission staff had revised the CON review schedule in response to public comments received. The new schedule is posted on the Commission's website.

### ITEM 3.

#### **ACTION: Extension of Interim Primary PCI Waiver: Suburban Hospital**

Ms. Barclay said that at its December 2005 meeting, the Commission granted interim waivers to twelve Maryland hospitals that permitted the hospitals, including Suburban Hospital, that do not have onsite cardiac surgical services to continue to provide emergency angioplasty for patients who are having a certain type of heart attack. The exemption would continue through July 31, 2006, while the Commission reviewed applications submitted by the hospitals to obtain a renewable waiver from the Commission to provide primary angioplasty services without onsite cardiac surgery services. The applications for the Metropolitan Washington Regional Service Area were due on April 12, 2006.

Suburban Hospital was granted a Certificate of Need in July 2005 to initiate a cardiac surgery services program at the hospital. Suburban Hospital has already met the first and second performance requirements of the CON (due in 2007) and has received a partial first-use approval from the Commission that permits it to initiate cardiac surgery services. Suburban Hospital intends to perform its first cardiac surgery in May. Because Suburban Hospital will have onsite cardiac surgery services before the Commission would act on the applications, Commission staff believed that Suburban Hospital should not have to file an application to provide primary angioplasty services without on-site cardiac surgery. Staff recommended that the Commission approve the extension of the hospital's current waiver through July 31, 2006. Commissioner Nevins Todd made a motion to accept the staff recommendation, which was seconded by Commissioner Roscoe M. Moore, and unanimously approved.

#### **ACTION: Extension of Interim Primary PCI Waiver: Suburban Hospital is hereby APPROVED.**

### ITEM 4.

#### **ACTION: CERTIFICATE OF NEED (CON)**

- **Ruxton SurgiCenter:** Addition of One Operating Room, Docket No. 05-03-2175

Ms. Barclay said that the Ruxton SurgiCenter, LLC (SurgiCenter) is a licensed ambulatory surgery center, established in 1997, with one operating room and one procedure room located at 8322 Bellona Avenue, Towson, Baltimore County. The SurgiCenter is currently owned equally by twelve physicians performing general orthopaedic surgery at the SurgiCenter and at St. Joseph's Medical Center. The SurgiCenter sought approval from the Commission to add one operating room. This increase in operating room capacity will be implemented by converting an existing procedure room, presently used primarily for pain management, to an operating room. The establishment of two operating rooms in a physician's office meets the statutory definition of a health care facility; therefore, the SurgiCenter must receive CON approval to establish the second operating room. Accordingly, Staff recommended that the Commission **APPROVE** the application of Ruxton SurgiCenter to construct the additional operating room at a cost of \$98,774. Ms. Barclay introduced Cindy Bittner and Renee Matthews of Ruxton SurgiCenter to the members of the Commission. Commissioner Robert Nicolay made a motion that the Commission grant the Certificate of Need, which was seconded by Commissioner Clifton Toulson, Jr., and unanimously approved.

#### **ACTION: Ruxton SurgiCenter: Addition of One Operating Room, Docket No. 05-03-2175, is hereby APPROVED.**

- **Surgery Center of Potomac:** Addition of One Operating Room, Docket No. 05-15-2172

Ms. Barclay said that the Surgery Center of Potomac, LLC is a licensed ambulatory surgery center with one operating room and two procedure rooms located at 3203 Tower Oaks Boulevard, Rockville, Montgomery County. The Surgery Center sought to increase operating room capacity by converting one existing procedure room to a sterile operating room. Capital expenditures for the conversion of the procedure room into an operating room are \$86,550. The source of funds for the reconstruction and renovation is cash provided by the center. The project will be completed within three months of the start of renovation.

Based on review and analysis of its Certificate of Need application, staff determined that the project proposed by Surgery Center of Potomac is consistent with the State Health Plan standards and general Certificate of Need review criteria with one condition: within 18 months of the first use of the second operating room Surgery Center of Potomac must submit documentation to the Commission of its accreditation by the Accreditation Association for Ambulatory Health Care. Accordingly, the staff recommended that the Commission **APPROVE** the application of Surgery Center of Potomac to convert an existing procedure room into an operating room at a cost of \$86,550. Following discussion, Commissioner Row made a motion to grant the Certificate of Need, which was seconded by Commissioner Krumm, and unanimously approved.

**ACTION: Surgery Center of Potomac: Addition of One Operating Room, Docket No. 05-15-2172, is hereby APPROVED.**

#### **ITEM 5.**

**ACTION:** Electronic Health Networks – Certification

- Passport Communications – Recertification
- Gateway EDI – 1<sup>st</sup> Certification
- M Transaction Services – 1<sup>st</sup> Certification

Irene Battalen, Health Policy Analyst, said that Passport Communications has submitted an application for recertification as an electronic health network. Gateway EDI and M Transaction Services have submitted an application for their first certifications as electronic health networks. Following review and analysis, staff recommended that the Commission certify the networks. Commissioner Garret A. Falcone made a motion to certify the electronic health networks, which was seconded by Commissioner Robert Conway, and unanimously approved.

**ACTION: Electronic Health Networks – Certification for the following networks is hereby APPROVED.**

- **Passport Communications – Recertification**
- **Gateway EDI – 1<sup>st</sup> Certification**
- **M Transaction Services – 1<sup>st</sup> Certification**

## ITEM 6.

### **PRESENTATION: *Results of the Pilot Nursing Home Satisfaction Survey***

Bruce Kozlowski, Deputy Director of Performance and Benefits, presented background information on the survey, which was conducted in the fall of 2005. Carol Christmyer, Chief of Special Projects, said that this report provides the survey results for the pilot Nursing Home Family Satisfaction Survey. The Maryland Health Care Commission, Market Decisions, and the Institute for Health, Health Care Policy, and Aging Research at Rutgers University conducted this survey to measure the satisfaction among family members and other responsible parties of residents in Maryland's long-term care facilities. All 222 of Maryland's nursing homes participated in the survey. A total of 10,944 (55%) respondents returned the survey. There were three overall satisfaction ratings and ratings in six categories of care. The overall rating for all facilities was 3.99 (where 1 = dissatisfied and 5 = very satisfied). Overall satisfaction with the facility was 4.00, and overall satisfaction that residents' needs were met was 3.82. Results were analyzed by three peer groupings: size, geographic region, and profit type; and by the six care categories. Smaller facility sizes were associated with higher ratings of satisfaction. Non-profit facilities scored higher on overall satisfaction measures compared with for-profit facilities. Staff, administration, and physical aspects of the facilities were the most highly rated categories, food and meals, and activities available to residents were the lowest rated categories. Following discussion among the Commissioners, Chairman Salamon thanked Ms. Christmyer for her presentation of the report.

## ITEM 7.

### **PRESENTATION: *Practitioner Utilization Report 2003-2004, Trends within Privately Insured Patients***

Ben Steffen, Deputy Director of Data Systems and Analysis, presented on key findings of this year's report. The MHCC is required to report annually on the use of practitioner services in the State. The principal findings included:

- Spending on practitioner (physician services) increased by about 4 percent.
- Practitioner fee levels are just below Medicare for HMOs and just above Medicare for non-HMOs.
- Fees vary by place of service and by the type of service provided.
- Non-participating physicians provide about 11 percent of services to non-HMO members and about 6 percent of services to HMO members.
- The top 20 percent of patients account for approximately two-thirds of all practitioner utilization.

Following discussion, Chairman Salamon thanked Mr. Steffen for his presentation.

## ITEM 8.

### **PRESENTATION: *Legislative Wrap-Up***

Dr. Cowdry presented an overview of the Commission's activities during the legislative session. Bruce Kozlowski, Deputy Director for Performance and Benefits, presented a summary of specific legislation enacted and commitments made to provide information, analysis, and recommendations.

## **ITEM 9.**

### **PRESENTATION: *The State of the Commission***

Dr. Cowdry presented information regarding the future direction of the Commission. He provided a summary of his proposed reorganization of the staff into centers based on health care sectors: Center for Hospital Services, Center for Long-term and Community-based Services, Center for Financing and Health Policy, Center for Information Services and Analysis, and Center for Health Information Technology.

## **ITEM 10.**

### **Adjournment**

There being no further business, the meeting was adjourned at 3:36 p.m., upon motion of Commissioner Nicolay, which was seconded by Commissioner Moffit, and unanimously approved by the Commissioners.